

Uterine Fibroid Surgical Treatments



Effective Date: 03/28/2024
Revision Date: 03/28/2024
Review Date: 03/28/2024
Policy Number: HUM-0321-025
Line of Business: Commercial

Medical Coverage Policy

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Related Medical/Pharmacy Coverage Policies

[Cryoablation](#)
[Hyperthermia Treatment for Cancer \(Local, Regional and Whole Body\)](#)
[Infertility Evaluation and Treatment](#)

Description

Uterine fibroids (also referred to as leiomyomas or myomas) are noncancerous growths of the uterus that often develop during childbearing years. The size and growth pattern of uterine fibroids vary; some may be undetectable to the human eye while others are bulky masses that can distort the uterine cavity.

Many fibroids, even large ones, do not produce symptoms. However, when symptoms do occur (eg, excessive bleeding, pain, pressure), medical or surgical treatment may be warranted.

The surgical options for symptomatic fibroids that have not responded to medical treatment include, but may not be limited to:

A **hysterectomy** is the surgical removal of the uterus. During the procedure, a surgeon detaches the uterus from the ovaries, fallopian tubes and upper vagina, as well as from the blood vessels and connective tissue

that support it. The uterus is then removed through the vagina or abdomen depending on which approach is utilized. Vaginal hysterectomy is the preferred surgical approach when hysterectomy is used to treat fibroids.

A **myomectomy** is the surgical removal of fibroids from the wall of the uterus via hysteroscopy, laparoscopy or laparotomy. The surgeon's goal during the procedure is to take out symptom-causing fibroids and reconstruct the uterus. Unlike a hysterectomy, which removes the entire uterus, a myomectomy removes only the fibroids and leaves the uterus intact. This makes it the preferred treatment for individuals interested in preserving fertility.

Uterine artery embolization (UAE) is a minimally invasive treatment for uterine fibroids. During this percutaneous procedure, a doctor uses a slender, flexible tube to inject embolic agents into the uterine arteries, which supply blood to the fibroids and uterus. The goal is to block the fibroid blood vessels, which will cause them to shrink and die. UAE also can be referred to as uterine fibroid embolization (UFE).

Performed by a board-certified radiologist, **magnetic resonance-guided focused ultrasound (MRgFUS)** is a minimally invasive alternative to open surgery. The combination of high intensity focused ultrasound (HIFU) with MRI guidance purportedly enables accuracy for tissue targeting, as well as real-time, thermal monitoring of the treatment effect. When high intensity focused ultrasound waves converge, they heat and ablate the targeted tissue. The Exablate Body is an example of a device that uses MRgFUS. **(Refer to Coverage Limitations section)**

Radiofrequency ablation (RFA) is also a proposed treatment for uterine fibroids. Ultrasound probes are used to determine the location and size of the fibroids. An electrode array then delivers alternating radiofrequency energy to drive a current through the tissue. Purportedly, this allows for controlled, local heating and results in targeted tissue destruction. There are a few approaches and devices utilized for fibroid RFA; some have been more rigorously studied than others.² Examples of RFA devices include, but may not be limited to, Acessa ProVu, MYOBLATE and Sonata System.

Another type of procedure that has been explored for freezing fibroids is known as **cryoablation**. With this technology, freezing temperatures are delivered to the endometrium via a cryoprobe during laparoscopy or hysteroscopy. An example of such a device used for this purpose includes, but may not be limited to, the Cerene. **(Refer to Coverage Limitations section)**

Uterine artery ligation/occlusion is a doppler-guided procedure in which the uterine arteries are temporarily clamped to stop the flow of blood to the fibroids in order to remove excess fibroid tissue. **(Refer to Coverage Limitations section)**

Coverage Determination

Please refer to the member's applicable pharmacy benefit to determine benefit availability and the terms and conditions of coverage for medication for the treatment of uterine fibroids.

Humana members may be eligible under the plan for **hysterectomy** when the following criteria are met^{16,17,18}:

- Confirmed uterine fibroids (eg, endometrial sampling, imaging); **AND**
- Persistent symptoms lasting 3 or more consecutive months despite medical management (eg, hormonal therapy, nonsteroidal anti-inflammatory drugs [NSAIDs]) if medically appropriate and not contraindicated

Humana members may be eligible under the plan for **radiofrequency ablation** (eg, Acessa ProVu System [58674], MYOBLATE, Sonata System [58580]), **myomectomy** or **uterine artery embolization/uterine fibroid embolization (UAE/UFE)** when the following criteria are met^{19,20,21,23,25}:

- Confirmed uterine fibroids (eg, endometrial sampling, imaging); **AND**
- Individual desires uterine sparing procedure; **AND**
- Persistent symptoms lasting 3 or more consecutive months despite medical management (eg, hormonal therapy, NSAIDs) if medically appropriate and not contraindicated

Coverage Limitations

Humana members may **NOT** be eligible under the plan for **any procedures other than those listed above** including, but may not be limited to:

- Cryoablation (eg, Cerene) (58578, 58579, 58999); **OR**
- MRgFUS/HIFU (eg, Exablate Body) (0071T, 0072T); **OR**
- Uterine artery ligation/occlusion (37243)

These are considered experimental/investigational as they are not identified as widely used and generally accepted for the proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
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37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	Not Covered if used to report uterine artery occlusion
58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach	
58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach	
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach	
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)	
58260	Vaginal hysterectomy, for uterus 250 g or less;	
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	
58275	Vaginal hysterectomy, with total or partial vaginectomy;	
58290	Vaginal hysterectomy, for uterus greater than 250 g;	
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	

58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g	
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	
58561	Hysteroscopy, surgical; with removal of leiomyomata	
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	
58578	Unlisted laparoscopy procedure, uterus	Not Covered if used to report any procedure outlined in Coverage Limitations section
58579	Unlisted hysteroscopy procedure, uterus	Not Covered if used to report any procedure outlined in Coverage Limitations section
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	New Code Effective 01/01/2024
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	
58999	Unlisted procedure, female genital system (nonobstetrical)	Not Covered if used to report any procedure outlined in Coverage Limitations section

75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation	
CPT® Category III Code(s)	Description	Comments
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	Not Covered
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	Not Covered
0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency	Deleted Code Effective 12/31/2023
HCPCS Code(s)	Description	Comments
No code(s) identified		

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Change Summary

- 03/28/2024 Update, Coverage Change.